Eabor Organization Officer and Employee Report

U.S. Department of Labor

Employment Standards A distration Office of Labor-Management Standards





This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved – OMB No. 1215-0188 Expires 07-31-2004

			LA	100038
Name and address of person filing Edward Clark, Executive Vice Pro 66 Weld Hill Street Boston, MA 02130	esident	2. Name and address	of labor organization	
. Position in labor organization	4. Date fiscal year 12/31/2002	ended	5. File number (if assigned Nome / / 96	ed)
nter appropriate data below if, during the past				of the following in-
prests (except as specified in the exclusions a				
 Held an interest in, engaged in transactions employer whose employees your organizat 				etary value from an
			275 Seventh Avenue, 11 New York, NY 10001	th Floor
Nature of Interest, Transaction or Income				
Member of the Board of Directors	of Amalgamated 1	Sank and Sharehold	der of same	
Held an interest in or derived income or econo from, selling or leasing to, or otherwise dealing seeking to represent, or (2) any part of which o organization or with a trust in which your labor of	with the business of a onsists of buying from	in employer whose employer selling or leasing direct	oyees your labor organization rep	presents or is actively
Name of business	•	Address of business		
Amalgamated Bank Of New York			15 Union Square New York, NY 10003	
Business deals with—		10. If 9B or 9C is ched	cked give trust or employer's nam	ne
☐ A. Labor Organization ☐ B. Trust	☐ C. Employer			
. Nature and approximate dollar value of such-dea	alinos			
50 Class A/Voting Shares and 50	Aremco/Preffere	d B Shares valued	at \$305.00 per share	
2. Nature of interest held or income received				
\$1,282.82				
Received from any employer (other than an any payment of money or other thing of value	employer covered und	fer parts A and B above)	or from any labor relations cons	ultant to an employer
. Name and address of employer	or consultant	14. Nature of paymen	t .	
None		None		E 8 2
. STANU		None		WE 12%
				8 3 3 8
IF MORE	SPACE IS NEEDED	ATTACH ADDITIONAL	L SHEET\$	
Signature and verification—The undersigned the attachments incorporated therein or referred correct and complete.				
ned Edward W. Clore!				
ined: Edwar W. Clory.	at New York,	NY	State On	
	City		State	Date